

Medical Societies

MONTREAL MEDICO-CHIRURGICAL SOCIETY

THE fifth regular meeting of the Montreal Medico-Chirurgical Society was held December 2nd, 1910.

EXHIBITS

Dr. Maude E. Abbott exhibited a stereoscopic microscope, showing calculi, intestinal parasites, bony tissues. Drs. Abbott and J. Kaufmann showed a complete series of cardio-vascular thrombi, as follows:—

Cardiac Thrombi.

1. In septicæmia. Death from general peritonitis.
2. In typhoid. Death on the 28th day.
3. Mural thrombi. In dilatation of chronic myocarditis.
4. Mural thrombi in coronary artery disease. Sudden death.
5. Mural thrombus in cardiac aneurism.
6. Hollow polypoid thrombus in the left ventricle.
7. Thrombus projecting through the mitral orifice. Death from cerebral embolism.
- 8 and 9. Old and recent clot filling the greatly dilated left auricle. Mitral stenosis. Sudden death.
10. Ball thrombus blocking a stenosed mitral valve.
11. Embolism of abdominal aorta from the same case as specimen No. 10.
12. Two ball thrombi in the left auricle. (Extremely rare condition.)
13. Cardiac embolism from thrombosis of the common iliac veins. Sudden death.

Vascular Thrombi.

1. Flat thrombus in the aorta, plugging the orifice of the right coronary artery.
2. Old laminated thrombus extending from the thoracic aorta, to the iliac arteries. Ultimate gangrene of the legs.
3. Thrombosis of the left and embolism of the right pulmonary artery. Sudden death.
4. Thrombosis of the femoral and brachial veins. Same case as specimen No. 3.

LIVING CASES

1. Hæmatoma of the humerus. Dr. K. Cameron and Dr. A. MacKenzie Forbes. The patient was a boy of ten who, while playing, sustained a fracture of the right humerus. He was brought to the Montreal General Hospital under the care of Dr. K. Cameron, who opened the joint and found the cavity filled with yellowish fluid, some blood clot, and broken bone. This was curetted away, and the joint was put in splints, with the result that the patient has perfect use of his arm. Skiagram showed hæmatoma in the bone.

II. Three years previously this patient had a rusty nail enter the knee. Pus formed; an arthrotomy was performed and the joint was washed out; the wound healed by granulation. The knee became

flexed, but nothing radical was done, as the child was then but seven years of age. The case was handed to Dr. MacKenzie Forbes who, realizing that it was impossible to consider an excision of the knee because of the danger of destroying the epiphysis, decided to make an artificial fracture in the femur. This was done in two stages, and the joint was placed in plaster of Paris. The two skiagrams, taken eight weeks after, showed the femur almost in a line with the tibia and fibula; buttresses of bone were forming from the lower end of the femur to the upper extremity. The boy can now walk comparatively well.

III. Osteitis Deformans (Paget's disease). Dr. C. F. Martin and Dr. L. S. Foster presented this case, which was a typical one, and exhibited skiagrams showing the bowing of the long bones and the enlargement. Dr. Foster is at present studying the metabolism of this condition. This case was discussed by Dr. A. E. Garrow.

PATHOLOGICAL SPECIMENS

The following series was exhibited by Dr. L. J. Rhea, of the Montreal General Hospital:

1. Ectopic Gestation. The patient, who had passed one period, was taken with sudden pain in the hypogastrium, on November 13th. Three days later, severe pain was felt in the left inguinal region, with general abdominal tenderness. On the 19th there was slight bloody discharge. The day following, the patient passed a uterine cast. Operation revealed left ruptured tubal pregnancy.

2. Heart with multiple mural thrombi. Patient was in hospital five days, complaining of cough, weakness and shortness of breath. The heart was enlarged, and irregular in action. Autopsy revealed multiple mural thrombi in the left ventricle. On palpitation they were semi-fluctuating. Section of one in the apex of the ventricle showed soft reddish contents.

3. Urethral strictures. Strictures dilated some years ago. Internal urethrotomy four weeks ago. Perineal abscess opened one week ago. Abdominal pain five days later and retention. Perineal cystotomy. Death. Autopsy—Strictures of the urethra, acute cystitis, diverticulum of the bladder.

4. Carcinoma of the prostate. History of frequency of micturition. Examination showed a large, hard prostate, with small nodules. Inguinal glands palpable, bladder distended, stricture of urethra, frequency of retention. Autopsy—carcinoma of prostate. Metastases in bladder and right ureter; hydronephrosis. Note the thickened trigone, obstruction of ureteral openings, nodule in the right ureter, and hydronephrosis.

5. Metastatic carcinoma of vertebræ. Specimen shows two vertebræ in which the bone (red) has been replaced by tumour (white). From same case as specimen No. 4.

These pathological specimens were discussed by Dr. J. M. Elder, Dr. A. Lapthorn Smith, Dr. H. L. Pavey.

LANTERN DEMONSTRATION: "Trachoma Bodies"

Dr. Hanford McKee showed a series of slides of the supposed cause of trachoma from cases of trachoma and from normal eyes, which

would seem to throw doubt upon the theory that these bodies are the cause of trachoma.

CASE REPORTS

1. Missed abortion, Dr. C. K. P. Henry.
2. Some unusual cases of albuminuric retinitis; and,
3. Cases of tubercle of the choroid, by Dr. G. H. Mathewson.

PAPER

The paper of the evening was read by Dr. J. C. Meakins on "The various tuberculin tests, and their application in diagnosis."

Synopsis of Paper. The rationale of the tuberculin reaction in general was discussed with a description of the method of administration, results, contra-indications and dangers of the various tuberculin reactions, viz:—

1. The subcutaneous.
2. The conjunctival.
3. Scarification, or Von Pirquet.
4. Inunction or Moro.
5. Inter-cutaneous.
6. The animal or Yammanuchi.

Those who took part in the discussion which followed were: Dr. J. M. Elder, Dr. A. D. Blackader, Dr. A. E. Garrow, Dr. G. H. Mathewson, Dr. R. H. Hardisty, Dr. W. E. Enright, Dr. J. R. Goodall, and Dr. F. M. Fry. Dr. Meakins replied.

THE sixth regular meeting of the Montreal Medico-Chirurgical Society was held on December 16th, 1910.

Dr. W. F. Hamilton exhibited a living case of endarteritis obliterans, upon which amputation of the leg had been performed. The patient came under the surgeon's care with a moist gangrene of the leg. He had been working under water at Gaspé laying the foundation for a bridge, and it was thought this was the cause of the gangrene. There was no pulsation in the popliteal vessel at the time of amputation; there was a thrombus in the popliteal artery. Drs. Garrow and Russel discussed the case and Dr. Hamilton replied.

Dr. R. P. Campbell exhibited Goldsmith's Urethroscope, an instrument which, he said, was an excellent one for examination purposes, giving a very satisfactory view, especially of the caput. Dr. M. Lauterman had used this instrument freely; but, though it was an excellent examining instrument, it was useless for treatment. He preferred a modification of Vallantin's, which, while giving a

clear view of the seat of the trouble, could also be used for its treatment. Dr. Lauterman also expressed the opinion that the limitations of these instruments should be properly appreciated

Dr. J. Kaufmann exhibited the following specimens for Dr. O. C. Gruner:—

1. Specimen of pancreas and adnexa from a case of chronic pancreatitis and cholecystitis. Note dilation of the pancreatic duct, common bile duct, and of both hepatic ducts. There was sudden narrowing of the bile passage at the papilla, which is very prominent and hard. The liver substance is dark green in colour from obstruction of the flow of bile. The gall bladder contained a clot of blood, of large size, forming a cast of the cavity. The walls are intensely congested, and show the changes due to cholecystitis.

2. Vegetative aortitis. The specimen consists of the thoracic aorta and shows several prominent vegetations just beyond the arch. When fresh, these vegetations were very conspicuous and bright red in colour. Their outline corresponds with that usual in an atheromatous ulcer. The aorta was dilated. The specimen comes from a man aged fifty-four, who died of typhoid fever owing to perforation of two ulcers. The heart was dilated and hypertrophied. There was no endocarditis.

3. Large solitary cyst of kidney. The specimen consists of the left kidney, the lower end of which is occupied by a large cyst, $8\frac{1}{2}$ c.m. in diameter. Small cysts are seen near the large one. The upper end is normal. The other kidney showed only one small cyst and was marked by granular. The specimen is derived from a man aged 64, who showed general arterial disease, dilatation and hypertrophy of the left ventricle, and died of cerebral thrombosis.

4. Extensive typhoid ulceration of the large intestine. The specimen shows very many large ulcers with undermined edges. The smaller ulcers are evidently follicular. One of the ulcers at the lower end had perforated. The case was interesting as presenting only symptoms of appendicitis.

5. Heart showing ulcerative endocarditis, with perforation of the aortic valve. There are polypoid vegetations along the free edge of the valve, and on the posterior cusp, they have a cox-comb-like appearance; the flap of this valve shows a large perforation about 1 c.m. in diameter. There was also a hæmorrhagic pericarditis and infections in the spleen and lung.

Referring to specimen No. 1, Dr. James Bell said that the case illustrated one of the difficulties which surgeons had to contend with in determining between a fibroid and a chronic, malignant condition in that region. Some months previously an exactly similar case had come under his care, where the condition was thought to be fibroid, but the condition turned out to be a malignant one from which the patient subsequently died. Dr. J. L. Rea asked if the typhoid bacillus had been recovered from the case of vegetative aortitis. Dr. Kaufmann replied that, although the bacillus had not been recovered from the blood, the signs in the small and large bowel were very definite.

Dr. George E. Armstrong mentioned two cases he had seen abroad where intra-venous anæsthesia had been used, and used successfully. One was an adult with very advanced malignant disease of the tongue and glands of the neck. The other was an abdominal case. Inhalation anæsthesia was first introduced, then the intra-venous to keep

the patient under its influence. This case was also successful. The ether was sent into the cephalic vein at about three feet elevation. Two jars were used, one containing saline solution with five per cent. ether, the other plain saline solution. Tubes from these jars led into a Y, that from the ether jar was allowed to run in, and, in about ten minutes, the patient was thoroughly under its influence. By clamping the tube giving the ether, one could regulate the depth of the anæsthesia, and if much blood was being lost, one could turn on the saline solution; the tubes did not run simultaneously. The patients came out of the anæsthetic promptly. Cases had been reported where thrombosis had occurred.

A report on twelve cases of rectal anæsthesia was read by Dr. F. W. Nagle of the Royal Victoria Hospital. The method, in his hands, had been very successful. Drs. Bell, Garrow and Von Eberts discussed the report, and Dr. Nagle replied.

The open treatment of fractures with lantern demonstration, by Dr. J. M. Elder, was the paper of the evening. Cases suitable for such operation were considered from the standpoint of advantages to the patient, to the public, and the hospital. The choice of material for fixation of the broken bones—Lane's plates, MacEwen's screw nails—end results of such operations, favourable and unfavourable, were all discussed. The paper was followed by the exhibition of a living case, lantern slides illustrative of cases operated upon by Dr. Elder, with a synopsis of each case, and plates, screws, and instruments used for the fixation of broken bones. The paper was discussed by Drs. Garrow, Armstrong, Bell, Hutchison and England. Dr. Elder replied.

Dr. J. Alexander Hutchison read the report of a case of papilloma of the bladder, and Dr. J. L. Rhea exhibited the pathological specimen. Drs. England, R. P. Campbell and Lauterman discussed the case. Dr. Hutchison replied.

TORONTO ACADEMY OF MEDICINE

A meeting of the Academy of Medicine was held December 6th, 1910, in the biological department of the University of Toronto, Dr. A. A. Macdonald, president, being in the chair. The meeting was devoted to a series of papers on the subject of immunity. Professor J. J. Mackenzie dwelt on the general aspects of the topic, and first considered briefly the development of immunity from the fundamentals originated by Pasteur and Koch. The rise of the cellular and humoral ideas, and their development and expansion were also considered,

recent theories were reviewed, and the progress of the past five years was touched upon. The work on anaphylaxis was concisely presented, stress being laid on the possible relationship between anaphylaxis and immunity, as suggested in the more recent work of Friedberger, Sleeswijk, Loeffler, and others. Landsteiner's suggestion as to the rôle of lipoids in various immunity reactions was, according to the speaker, a most suggestive, recent contribution to the subject, and one likely to lead to fruitful results, as experimental work develops.

Professor Amyot reviewed the rise of the practical use of the theoretical considerations in this field, as exemplified in the preparation of vaccines, bacterial vaccines, antisera and antitoxins. The advances in modern serum therapy and the practical advantages of being able to confer passive immunity were dwelt upon.

Dr. Caulfeild's paper, the third on the programme, was on the subject of the application of immunity to clinical medicine. The speaker, at the outset, announced that he purposed limiting himself to the presentation of work done in tuberculosis by himself and his co-workers in the laboratories of the National Tuberculosis Sanitorium, at Gravenhurst. This paper embodied work of a most important character, and can best be explained by reference to previous work in the same field. As is known, Calmette and Massol (*Comp. Rendu de la Soc. de Biolog.*, February, 1909) showed that there exists, in the sera of certain well-marked cases of tuberculosis, substances masking the presence of the sensitizers in these sera, which, in consequence, give a negative reaction of fixation (Bordet and Gengou). This latter observation has been made by many workers on tuberculosis. Calmette and Massol believe that they have demonstrated the presence in these sera of a substance heretofore undescribed and designated by them "inhibiteur." This substance is held accountable for the failure to obtain positive reactions of fixation in known, positive cases. Dr. Caulfeild, by other experiments, and quite independently of Calmette, has been able to show the presence of this substance, called by him "inhibitin," in certain sera. Further, by his technique he has been able to reveal the presence of "inhibitin" in certain definite clinical types and in "clinical normals." By this means, also, it has been possible to indicate, in certain types, the probable outcome of the given case. In other words, in Dr. Caulfeild's hands, the new measure has been found to have great diagnostic and prognostic value. A large number of sera have been examined. The work has been controlled by clinical observations and by the recognized laboratory methods available for the study of tuberculosis.

Dr. G. W. Ross gave a summary of his five years' experience with

vaccine therapy, its indications and limitations. As a pupil and co-worker of Wright, he has been able to acquire an unusual experience. A plea was made for closer coöperation in the clinical medicine, in order that the full worth of bacterial vaccines may be realized.

The discussion of the evening's papers was opened by Dr. J. G. Fitzgerald, who dealt with the observations of Bail on aggressins, and of Cole and Smernow on the same subject. The work of Ledingham, Dudgeon and Shattock, and Nikolsky, in regard to the determination of the opsonic content was also reviewed. The local character of anaphylactic shock, based on the work of Gay, Southard and Fitzgerald, Auer and Lewis, Anderson and Schultze, Mainwaring, and Pearce, was also briefly considered. Observations on the differences between natural and specific sensitizers, shown by recent experiments of the speaker, brought this part of the discussion to a close.

Dr. McPhredran, in discussion, touched on the extreme importance of such work as that of Dr. Caulfeild, and offered him his hearty congratulations. Professor Mackenzie, Dr. N. A. Powell, Dr. Albert Macdonald, and others expressed themselves in a similar manner in regard to the value of this work. Dr. Caulfeild closed the discussion.

VANCOUVER MEDICAL ASSOCIATION

THE regular meeting of the Vancouver Medical Association was held November 14th, 1910. Present: Dr. Monro in the chair, and thirty-two members. Dr. Glen Campbell reported for the credential committee; and, as a result of his report, Drs. W. Barrett, J. A. Sutherland, A. L. Johnstone, and S. Paulin were elected for ordinary membership; and Drs. Margeson, Shinbein, Bastin, Peele, Champion, MacMillan, Wilson, and Gray for privileged membership. Dr. Monro, the incoming president, then gave his inaugural address. The various phases of the address were discussed as follows: Dr. R. E. McKechnie, on expert testimony, and regarding the liquor act and coöperation of the druggists to amend abuses; Dr. Underhill, announcing action of council concerning building a morgue, and death certificates,—the inadequacy of the present form; Dr. Gordon, on question of prophylaxis of social diseases; Dr. Proctor, on commission for health department, on interviewing attorney-general to secure legislation about accident cases, on expert evidence, and assessors to advise the judge as to medical evidence. Dr. Burnett spoke on question of state registration of nurses; Dr. Jeffs, on health department, morgue, pathologists and post mortem work,

on medical testimony, and expert witnesses; Dr. Pearson, on securing land to build a permanent house for the society.

It was moved by Dr. Burnett, seconded by Dr. Brydone-Jack, "that the executive be empowered to appoint committees without naming the chairman of each, to look after the following questions and report from time to time to the Association." Carried. Committees were appointed to deal with the following affairs. Commission for health matters; medical expert testimony and assessors; registration of births and deaths; coroner's court and morgue; social prophylaxis; care of drunkards and abuse of hospitals; registration of trained nurses; building for the library.

OTTAWA MEDICAL SOCIETY

THE officers elected for the year 1910-1911, are the following: president, Dr. F. McKelvey Bell; first vice-president, Dr. H. C. Church; second vice-president, Dr. C. W. F. Gorrell; secretary, Dr. Omar Wilson; assistant secretary, Dr. Neil McLeod; treasurer, Dr. J. H. Alford; council, Drs. W. C. Cousens, J. D. Courtney, G. S. McCarthy, Lorne Gardner, Neil McLeod.

The Society meets every second and fourth Friday, at 8.30 p.m., throughout the winter months, at St. Luke's Hospital.

The following is the programme for 1911:—

January 13th—"A case of incomplete retention with distention of bladder in prostatic hypertrophy."

Dr. L. C. Prevost. Critic—Dr. H. C. Church.

January 27th—"On some Aspects of Immunity."

Dr. Campbell Laidlaw. Critics—Drs. Small and Higgins.

February 10th—"Carcinoma of Uterus."

Dr. W. Travis Gibb, New York.

February 24th—"Literature in Medicine."

Dr. G. P. Howlett. Critic—Dr. Omar Wilson.

March 10th—"Carcinoma of Stomach with Partial Gastrectomy."

Dr. A. T. Shillington. Critic—Dr. C. W. F. Gorrell.

March 24th—"Differential diagnosis and treatment of acute and chronic nephritis."

Dr. J. C. Caskey. Critic—Dr. Lorne Gardner.

Clinical cases will be reported at every meeting.

NOVA SCOTIA MEDICAL SOCIETY

THE fifty-eighth annual meeting of the Nova Scotia Medical Society, which is held on the first Monday in July of each year, will, in 1911, be held in Halifax jointly with that of the Maritime Medical Association. The officers are: president, Dr. James Ross, Halifax; first vice-president, Dr. Evan Kennedy, New Glasgow; second vice-president, Dr. Joseph Morton, Shelburne; secretary-treasurer, Dr. J. R. Corston, Halifax.

THE annual meeting of the London Medical Association was held on December 13th, 1910. The following officers were elected: president, Dr. D. H. Arnott; vice-president, Dr. C. H. Reason; secretary-treasurer, Dr. Edward Spence.

THE annual election of officers of the Thunder Bay Medical Association was held on November 17th, at Port Arthur. The officers elected were the following: honorary president, Dr. T. S. T. Smellie; president, Dr. A. J. G. Macdougall; vice-president, Dr. M. B. Dean; secretary-treasurer, Dr. C. C. McCullough; executive committee, Drs. J. D. Chisholm and C. Powell. Interesting addresses on medicine were given by Drs. Dean and Pratt, and on surgery by Drs. Crozier and Manion. The attendance was the largest in the history of the society. Those present were: Drs. Smellie, Beck, Martin, McCullough, Wodehouse, Stewart, Cook, Boyd, Chisholm, Brown, Williamson, Crozier, Bucke, Pratt, Macdougall, Hunt, Eakins, Chipman, Grimshaw, McGillivray, Oliver, Dean, Manion, McCartney.

AT the annual meeting of the members of St. Thomas and Elgin County Medical Society, held at St. Thomas on November 18th, the following officers were elected: president, Dr. S. N. Dorland, of Rodney; vice-presidents, Dr. Riddle, Richmond; Dr. Smith, Fingal; and Dr. Cormack; secretary, Dr. Leith; treasurer, Dr. Duncombe; committee, Drs. Crane, Cameron and McEwen. Dr. Coll Sinclair, of Aylmer, read an interesting paper on "The Relation of the General Practitioner to Surgery." There were present: Drs. Spurgeon Campbell, Winnipeg; Coll Sinclair, Aylmer; Riddle, Bayham; Mothersill, Port Stanley; J. D. Curtis, F. Guest, Campbell, Leitch, W. F. Luton, C. W. Marlatt, Geo. A. Marlatt, R. M. Lipsey, Alex. Turner, Duncombe, T. L. Gray, Hill, W. F. Cornett, F. O. Lawrence, McKillop, D. L. Ewin and Cormack.